

Hamlin Tool & Machine, Inc.
1671 East Hamlin Rd

Rochester, MI 48307

REMIT TO:
Hamlin Tool & Machine Company
1671 East Hamlin Rd

Rochester, MI 48307

INVOICE NUMBER
SID 064680

S GMC1200
O DELPHI SAGINAW
L
D NAO DISBURSEMENTS
INVOICELESS SUPERVISOR
PONTIAC, MI 48343-6040
T
O

S 05
H DELPHI S PLANT 5 FWD AXLES
I
P 3900 EAST HOLLAND RD.
CISCO: 44025 SAP#K905
SAGINAW, MI 48601
T United States
O

SUPPLIER CODE		TERMS		F.O.B.		INVOICE DATE	
057015273		2nd day 2nd month		ROCHESTER, MI		10/06/05	
SHIP DATE	SHIPPER NO.	SHIPPED VIA		GROSS		TARE	NET
10/06/05	064680	BAX GLOBAL		93		21	90
P.O. NUMBER	CUSTOMER PART NUMBER DESCRIPTION			QUANTITY SHIPPED	UOM	UNIT PRICE	AMOUNT
SAG9010236	07834482 RETAINER, GREASE INTERNAL #: 1159			6,000	EA	.0535	\$321.00
							\$0.00
						Subtotal	\$321.00
						Sales Tax	\$0.00
						Freight Charges	\$0.00
					Invoice Total	\$321.00	
					Disc Available	\$0.00	
					Funds: USD		

S O L D T O
GMACG-DELPHI SAGINAW
NAO DISBURSEMENTS
INVOICELESS SUPERVISOR
P.O. BOX 436040
PONTIAC, MI 483436040
1200

DATE	INVOICE NO./ PACKING SLIP NO.
06/06/05	ID 64680
	BILL OF LADING
	64680

SUPPLIER NO. 057015273

TERMS 25TH PROX

OUR NO.	PURCHASE ORDER NO.		NO. OF PKGS. GROSS WGT.	PART NUMBER		QUANTITY SHIPPED	UNIT PRICE	AMOUNT
	ACCUM. SHIPPED			DESCRIPTION				
1159	SAG9010236	3	93	07834482	RETAINER, GREASE REV. 00	6000		
	1154000				LOT 98105 6000 PCS BOX#			
					CALL ALVAN FOR PICK UP 1-800-642-5826			
					PRICE EFF. 1/1/05-12/31/05			

We hereby certify that these goods were produced in compliance with all applicable requirements of Section 6, 7, and 12 of the Fair Labor Standards Act, as amended, and of the regulations and orders of the United States Department of Labor issued under Section 14 thereof.

HFO-22 REV. LVL: A 1/23/96

NUMERICAL FILE COPY



GLOBAL 440 EXCHANGE
IRVINE, CA 92602

DATE	10/16/05	ORIGIN	DTW	DESTINATION	
SHIPPER'S REFERENCE NO.		SHIPPER'S ACCOUNT NO.			
44680		297397652			
COMPANY	DEPT./FLOOR				
HAMILIN TOOL & MACHINE					
FROM (YOUR NAME)	PHONE NO.				
PAUL V. DZSIC					
STREET ADDRESS	ZIP (REQUIRED)				
1671 HAMILIN RD	48307				
CITY	STATE				
ROCHESTER	MI				

AIRBILL NUMBER 690 714 721

CONSIGNEE'S REFERENCE NO.	CONSIGNEE'S ACCOUNT NO.
COMPANY	DEPT./FLOOR
DEWITT OLIVER	
TO (CONSIGNEE NAME)	PHONE NO.
CTSCOR 44025 CAP # 16905	
ACCURATE STREET ADDRESS (BAX CANNOT DELIVER TO A.P.O. BOX)	
3902 HOUSTON	
CITY	STATE
SAGINAW	MI
ZIP (REQUIRED)	
48601	

BILLING INFORMATION		HANDLING INFORMATION	
PREPAID (SHIPPER)	\$	HOLD AT BAX	*SPECIAL RATE MAY APPLY
COLLECT (CONSIGNEE)		GOODS	*SPECIAL DELIVERY
RATE QUOTE NUMBER		CONVENTION	
3RD PARTY (ACCT. NO. REQ'D)		SPECIAL INSTRUCTIONS / ADDITIONAL REFERENCE INFORMATION:	
643939331		RMK 1	
ACCOUNT NO.		RMK 2	
COMPANY/NAME			
C.O.D.			
BAX GLOBAL WILL COLLECT CONSIGNEE'S CHECK MADE PAYABLE ONLY TO THE SHIPPER FOR THE VALUE OF THE GOODS IN THE AMOUNT SHOWN.			
NO. OF PCS.		WEIGHT	LENGTH
1		32.30	12
TOTAL WT.		WIDTH	HEIGHT
192			
TOTAL PCS.		DESCRIPTION	
1		MOTOR OIL	
TOTAL WT.		NO. OF PCS.	
192		1	
RELEASE SIGNATURE X		SKID(S) SAID TO CONTAIN:	
		1	
DECLARED VALUE		SENDER AUTHORIZES BAX TO DELIVER SHIPMENT WITHOUT A DELIVERY SIGNATURE AS PER CONDITIONS ON REVERSE OF THIS PAGE.	
\$			

FOR BAX GLOBAL USE ONLY	
RECEIVED BY BAX AT	CHARGES ADVANCED
SHIPPER'S DOOR	PRO NUMBER
BAX TERMINAL	
OUTSIDE CARRIER:	CARRIER NAME
\$	

I certify that this cargo does not contain any unauthorized explosives, incendiaries or hazardous materials. I am aware that this endorsement and original signature, along with other shipping documents, will be retained on file for at least thirty days.

SHIPPER / REPRESENTATIVE SIGNATURE: SIGN NAME X PAUL V. DZSIC PRINT NAME X PAUL V. DZSIC DATE 10/16/05

RECEIVED BY BAX GLOBAL DRIVER / AGENT	
Driver Signature: <u>R. Green</u>	1st personal ID reviewed:
Print Name: <u>PAUL V. DZSIC</u>	# appearing on ID <input type="checkbox"/> YES <input type="checkbox"/> NO
Pick Up Date: <u>10/16/05</u>	2nd personal ID reviewed:
Time: <u>3:30 PM</u>	# appearing on ID <input type="checkbox"/> YES <input type="checkbox"/> NO
(IN ORDER TO EXPEDITE, SHIPMENT MAY BE DIVERTED TO MOTOR OR OTHER CARRIER AS PER TARIFF RULE UNLESS SHIPPER GIVES OTHER INSTRUCTIONS HEREON.)	

NON-NEGOTIABLE AIRBILL SUBJECT TO TERMS AND CONDITIONS OF CONTRACT ON REVERSE SIDE.

1-800-CALL-BAX
FOR INFORMATION OR THE
BAX OFFICE NEAREST YOU

SERVICE REQUESTED
GUARANTEED SERVICES
CALL YOUR LOCAL BAX STATION
<input type="checkbox"/> Guaranteed First Arrival (EMR 1)
<input type="checkbox"/> Guaranteed Overnight (EMR 2)
<input type="checkbox"/> Guaranteed Airport-to-Airport (EMR 3)
<input type="checkbox"/> Guaranteed 2nd Day (EMR 2)
<input type="checkbox"/>

STANDARD SERVICES
<input type="checkbox"/> OVERNIGHT (NEXT BUSINESS DAY)
<input type="checkbox"/> SECOND DAY
<input checked="" type="checkbox"/> BAX SAVER
<input type="checkbox"/> NEXT FLIGHT AVAILABLE
<input type="checkbox"/> OTHER

10/06/05

STRAIGHT BILL OF LADING - SHORT FORM - Original - Not Negotiable Pg 4 of 4

SID# 64680

RECEIVED subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading

CARRIER: BAX GLOBAL

BAXG

CARRIER'S NO:

SHIPPER'S NO.:

From

HAMLIN TOOL AND MACHINE COMPANY, INC.

At

ROCHESTER, MICHIGAN 48307

D-U-N-S #057015273

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of said bill of lading including those on the back thereof set forth in the classification or tariff which governs the transportation of this shipment and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to DELPHI S PLANT 5 FWD AXLES (Mail or street address of consignee — For purposes of notification only)
 3900 HOLLAND RD.
 CISCO: 44025 SAP#: K905
 SAGINAW, MI 48601

NO. PACKAGES	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	* WEIGHT (SUBJECT TO CORRECTION)	CLASS RATE OR	CHECK COL
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Supplier# 057015273 SID #

3	PCS71 CARTON	64680	90	NET WT.
			3	TARE WT.
			93	GROSS WT.

DELPHI S PLANT 5 FWD AXLES

===== T O T A L S =====

90	TOT NET	3	TOT TAR	93	TOT GRS
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PCS71-3

CLASS RATE: 50 AUTOMOTIVE METAL PARTS
 3RD PARTY COLLECT
 BILL: DELPHI S, 44025 SAGINAW MI c/o
 DATA 2 LOGISTICS P/O BOX 9115 NORWOOD, MA 02362

Trailer#: 6149

ShipTime: 10/6/05

Rob GREG BAX
 330
 pm

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Per _____ (Signature of Consignor)	If charges are to be prepaid, write or stamp here, "To be Prepaid"	Received \$ _____ to apply in prepayment of the charges on the property described hereon. Agent or Cashier _____ Per _____ (The signature here acknowledges only the amount prepaid)	Received \$ _____ to apply in prepayment of the charges on the property described hereon. Agent or Cashier _____ Per _____ (The signature here acknowledges only the amounts prepaid)	Charges advanced: \$ _____	C.O.D. SHIPMENT C.O.D. AMT _____ Collection Fee _____ Total Charges _____
		THIS SHIPMENT IS CORRECTLY DESCRIBED. CORRECT WEIGHT IS _____ LBS			

† This is to certify that the above articles are properly described by name and are packed and marked and are in proper condition for transportation according to regulations by the Interstate Commerce Commission.
 * If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.
 † Shipper's imprints in lieu of stamp, not a part of Bill of Lading approved by the Interstate Commerce Commission.
 NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____.

† The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Consolidated Freight Classification.

HAMLIN
TOOL AND MACHINE COMPANY, INC.
 1671 EAST HAMLIN ROAD
 ROCHESTER, MICHIGAN 48307

Shipper, Per _____ Agent, Per _____

Permanent post office address of shipper

1